

<i>SERFF Tracking Number:</i>	<i>ALLB-126729076</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allianz Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>46371</i>
<i>Company Tracking Number:</i>	<i>GEN PRO II PARTNERSHIP</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.004 Partnership</i>
<i>Product Name:</i>	<i>Gen Pro II Partnership</i>		
<i>Project Name/Number:</i>	<i>Gen Pro II Partnership/Gen Pro II Partnership</i>		

Filing at a Glance

Company: Allianz Life Insurance Company of North America

Product Name: Gen Pro II Partnership	SERFF Tr Num: ALLB-126729076	State: Arkansas
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed-Approved	State Tr Num: 46371
Sub-TOI: LTC03I.004 Partnership	Co Tr Num: GEN PRO II PARTNERSHIP	State Status: FEES PAID

Filing Type: Form	Reviewer(s): Marie Bennett, Harris Shearer
Authors: Mary Peterson, Patricia Evans	Disposition Date: 08/11/2010
Date Submitted: 08/02/2010	Disposition Status: Approved
Implementation Date Requested: On Approval	Implementation Date:

State Filing Description:

General Information

Project Name: Gen Pro II Partnership	Status of Filing in Domicile: Authorized
Project Number: Gen Pro II Partnership	Date Approved in Domicile: 01/30/2008
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/11/2010	Explanation for Other Group Market Type:
	State Status Changed: 08/03/2010
Deemer Date:	Created By: Patricia Evans
Submitted By: Patricia Evans	Corresponding Filing Tracking Number:
Filing Description:	

RE: Allianz Life Insurance Company of North America / NAIC 90611 / FEIN #41-1366075

Certification of Long Term Care Insurance Policy 11-P-Q as a Partnership Policy

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Per Arkansas Rule 94, attached is the Appendix C to Rule 94, "Issuer Certification Form". Policy form 11-P-Q was approved on 10/16/2006 under SERFF filing #SERT-6J8RTA951. Included in this filing were the following five inflation protection riders:

SERFF Tracking Number: ALLB-126729076 State: Arkansas
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3% Lifetime Compound Benefit Increase Rider (11-R1)
4% Lifetime Compound Benefit Increase Rider (11-R2)
5% Lifetime Compound Benefit Increase Rider (11-R3)
Two Times Compound Benefit Increase Rider (11-R4)
Simple Benefit Increase Rider (11-R5)

According to Rule 94, the Department will require some level of automatic compound annual inflation (not less than 3%) if a policy is sold to a person under the age of 61 and some level of simple automatic annual inflation protection (not less than 3%) if the policy is sold to a person age 61 to 75. No inflation protection will be required if the policy is sold to a person 76 or older."

Therefore, with respect to:

- issue ages under 61, the 3%, 4%, or 5% Lifetime Compound Benefit Increase Rider must be selected in order for the policy to be considered a Partnership policy;
- issue ages 61 through 75, the 3%, 4%, or 5% Lifetime Compound Benefit Increase Rider or the Simple Benefit Increase Rider must be selected in order for the policy to be considered a Partnership policy; and
- issue ages over 75, all five inflation protection riders will be options; however, it is not required that one be selected in order for the policy to be considered a Partnership policy.

Also attached is the following form for your review and approval.

Form 11-R17 is a Contingent Benefit Upon Lapse Rider for Limited Premium Payment Options. This form will be issued if the Paid Up at Age 65 Rider (form 11-R6 previously approved on 10/16/06) or Ten Year Premium Payment Rider (form 11-R7 previously approved on 10/16/06) is issued. This form is being submitted to comply with Arkansas Code Ann. 23-97-319.

Allianz Life Insurance Company is no longer selling long term care insurance policies; however we are requesting this Partnership Certification so that the policies of existing policyholders may be granted partnership status if such policy meets the above inflation protection requirements.

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Thank you for your consideration of this filing. If you have any questions, or if you need additional information to complete your review, please call me at 800.328.5601, extension 47135, send a fax to me at 763.765.6306, or send a

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Product Name: Gen Pro II Partnership
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note electronically to me at patricia.evans@allianzlife.com

Company and Contact

Filing Contact Information

Patricia Evans, Compliance Analyst Patricia.Evans@Allianzlife.com
5701 Golden Hills Drive 763-765-7135 [Phone]
Minneapolis, MN 55416 763-765-6306 [FAX]

Filing Company Information

Allianz Life Insurance Company of North America CoCode: 90611 State of Domicile: Minnesota
5701 Golden Hills Drive Group Code: 761 Company Type: 02
Minneapolis, MN 55416-1297 Group Name: State ID Number:
(800) 328-5601 ext. [Phone] FEIN Number: 41-1366075

Filing Fees

Fee Required? Yes
Fee Amount: \$125.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allianz Life Insurance Company of North America	\$125.00	08/02/2010	38456755

SERFF Tracking Number:	ALLB-126729076	State:	Arkansas
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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.004 Partnership
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	08/11/2010	08/11/2010

<i>SERFF Tracking Number:</i>	<i>ALLB-126729076</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 08/11/2010

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALLB-126729076	State:	Arkansas
Filing Company:	Allianz Life Insurance Company of North America	State Tracking Number:	46371
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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.004 Partnership
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Project Name/Number:	Gen Pro II Partnership/Gen Pro II Partnership		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Contingent Benefit Upon Lapse Rider for Limited Premium Payment Options		Yes
Form	Issuer Certification Form		Yes

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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership

Product Name: Gen Pro II Partnership

Project Name/Number: Gen Pro II Partnership/Gen Pro II Partnership

Form Schedule

Lead Form Number: 11-R17

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	11-R17	Policy/Cont	Contingent Benefit ract/Fratern Upon Lapse Rider for al Limited Premium Certificate: Payment Options Amendmen t, Insert Page, Endorseme nt or Rider	Initial		47.300	11-R17.pdf
	Issuer Certification Form	Other	Issuer Certification Form	Initial		0.000	LTC Partnership Cert.pdf

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

CONTINGENT BENEFIT UPON LAPSE RIDER FOR LIMITED PREMIUM PAYMENT OPTIONS

**This Rider provides benefits if a substantial premium increase occurs,
subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition

Substantial Premium Increase is an increase in the premium rates under the Contract, which results in a cumulative increase of the annual premium equal to or exceeding the percentage of your initial annual premium, plus the annual premium for any increases to coverage elected by you, as set forth in the Triggers for Substantial Premium Increase Table on the next page. We will notify you in writing at least 60 days before your premium changes.

Contingent Benefit Upon Lapse

If the Contract has been In Force, and we increase the premium rates under the Contract, which results in a Substantial Premium Increase, then the following options are available under the Contract:

1. The Facility Care Daily Benefit and/or the Benefit Period shown on the current Policy Schedule may be reduced as described in the "Right to Reduce Benefits" provision under the General Policy Provisions section in the policy; or
2. The Contract may be converted to a paid-up status with the Maximum Facility Care Daily Benefit and Maximum Lifetime Benefit equal to the ratio of the number of completed months of paid premiums divided by the total number of months in the premium paying period times 90% of the Maximum Facility Care Daily Benefit or Maximum Lifetime Benefit, as applicable, shown on the current Policy Schedule. This option may be elected within 120 days of a Substantial Premium Increase. Upon Termination within 120 days of a Substantial Premium Increase, this option will automatically be provided under the Contract if the ratio described above is at least 40%, unless you elect another option. Any benefits paid to you after the Contract is converted to a paid-up status or is Terminated will be subtracted from this new Maximum Lifetime Benefit.

Your coverage under this Rider is subject to the same policy benefit provisions, Elimination Period, Limitations and Exclusions, and all other provisions of the policy and attached Riders and Endorsements that were in effect prior to the date of conversion to a paid-up status or Termination, except any benefit increase Rider, if attached to the policy.

Triggers for Substantial Premium Increase Table

Issue Age	Percent Increase Over Current Premium
18-64	50%
65-80	30
81-84	10

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[
Maureen A. Phillips
Secretary

]
Gary Bhojwani
President

APPENDIX C
ISSUER CERTIFICATION FORM
(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis MN 55416-1297
800-328-5601

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:

Patricia Evans, 763-765-7135, email: patricia.evans@allianzlife.com

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):

11-P-Q, 11-R1, 11-R2, 11-R3, 11-R4 and 11-R5, also included 11-R17 within this filing.

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. CERTIFICATIONS

- A.** I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B.** I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on {insert issuer name's} behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C.** I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

August 2, 2010
Date

Martin G. Kline, Sr. Director Actuary
Name and title of officer of the Issuer

Martin O'Leary

Signature of officer of the Issuer

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
Certificate of Readability.pdf		
Certificate of Compliance Reg 19 and 11-83 CERT.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: No application will be used. The Partnership Certification will only be applicable to already issued LTC policies, that meet the inflation protection requirements.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: Not applicable.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Not applicable. The Partnership Certification will only be applicable to already issued LTC policies that meet the inflation protection requirements.		
Comments:		

Allianz Life Insurance Company
of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800.950.7372



CERTIFICATE OF READABILITY

Contract Form	Flesch Score
11-R17	47.3

It is hereby certified that each policy form listed above meets the minimum reading ease score required in your state.

The Flesch score was calculated using the text of the entire form. ("Text" is as defined by state regulations).

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.

A handwritten signature in black ink, appearing to read "Martin G. Kline".

Date: June 7, 2010

Martin G. Kline, Senior Director Actuary

CERTIFICATE OF COMPLIANCE

Allianz Life Insurance Company of North America hereby certifies that the policy forms listed below are in compliance with all of the requirements of Arkansas Rule and Regulation 19§10B as well as all applicable requirements of the Arkansas Insurance Department.

Allianz Life Insurance Company of North America also certifies that the guidelines of Arkansas Bulletin 11-83 have been reviewed relative to the forms listed below. The forms comply with all provisions of the Bulletin.

Allianz Life Insurance Company of North America

A handwritten signature in dark ink, appearing to read "Martin G. Kline", is positioned above a horizontal line.

Martin G. Kline
Senior Director Actuary

August 2, 2010

Contract Form Numbers:
11-R17